

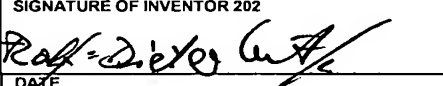


Combined Declaration For Patent Application and Power of Attorney				ATTORNEY DOCKET N89297LPK	
<p>As below named inventor, I hereby declare that:</p> <p>My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:</p> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">DEVICE FOR DEPOSITING SHEETS IN A STACK</p> <p>The specification of which I check only one item below):</p> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> <p><input type="checkbox"/> is attached hereto.</p> <p><input checked="" type="checkbox"/> was filed as United States Application Serial No. 10/590,280 on 22 August 2006 and was amended on (if applicable).</p> <p><input type="checkbox"/> was filed as PCT international application Number PCT/EP 2005/001835 on 22 February 2005.</p> </div> <div style="width: 35%; text-align: center;">  </div> </div>					

Combined Declaration For Patent Application and Power of Attorney (Continued)				ATTORNEY DOCKET N89297LPK
POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorney(s) and/or agent(s) associated with Eastman Kodak Company Customer No. 01333 to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.				
Send Correspondence to: Patent Legal Staff Eastman Kodak Company 343 State Street Rochester, NY 14650-2201				Direct Telephone Calls to: <small>(name and telephone number)</small> Lawrence P. Kessler TEL: (585) 253-0123 FAX: (585) 477-4646
2 0 1	FULL NAME OF INVENTOR	FAMILY NAME Dobrindt	FIRST GIVEN NAME Dirk	SECOND GIVEN NAME --
	RESIDENCE & CITIZENSHIP	CITY Reiherbruch 7 Klausdorf/Schwentine	STATE OR FOREIGN COUNTRY Germany 24147	COUNTRY OF CITIZENSHIP Germany
	BUSINESS ADDRESS	BUSINESS ADDRESS NexPress GmbH Am Kiel-Kanal 2	CITY D-24106, Kiel	STATE & ZIP CODE (COUNTRY) Germany
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME Gritzuhn	FIRST GIVEN NAME Rolf	SECOND GIVEN NAME Dieter
	RESIDENCE & CITIZENSHIP	CITY Zastrowstrasse 38 Kiel	STATE OR FOREIGN COUNTRY Germany 24114	COUNTRY OF CITIZENSHIP Germany
	BUSINESS ADDRESS	BUSINESS ADDRESS (Retired)	CITY	STATE & ZIP CODE (COUNTRY)
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	BUSINESS ADDRESS	BUSINESS ADDRESS	CITY	STATE & ZIP CODE (COUNTRY)
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
SIGNATURE OF INVENTOR 201		SIGNATURE OF INVENTOR 202		SIGNATURE OF INVENTOR 203
				
DATE August 30. 2006		DATE August 30. 2006		DATE